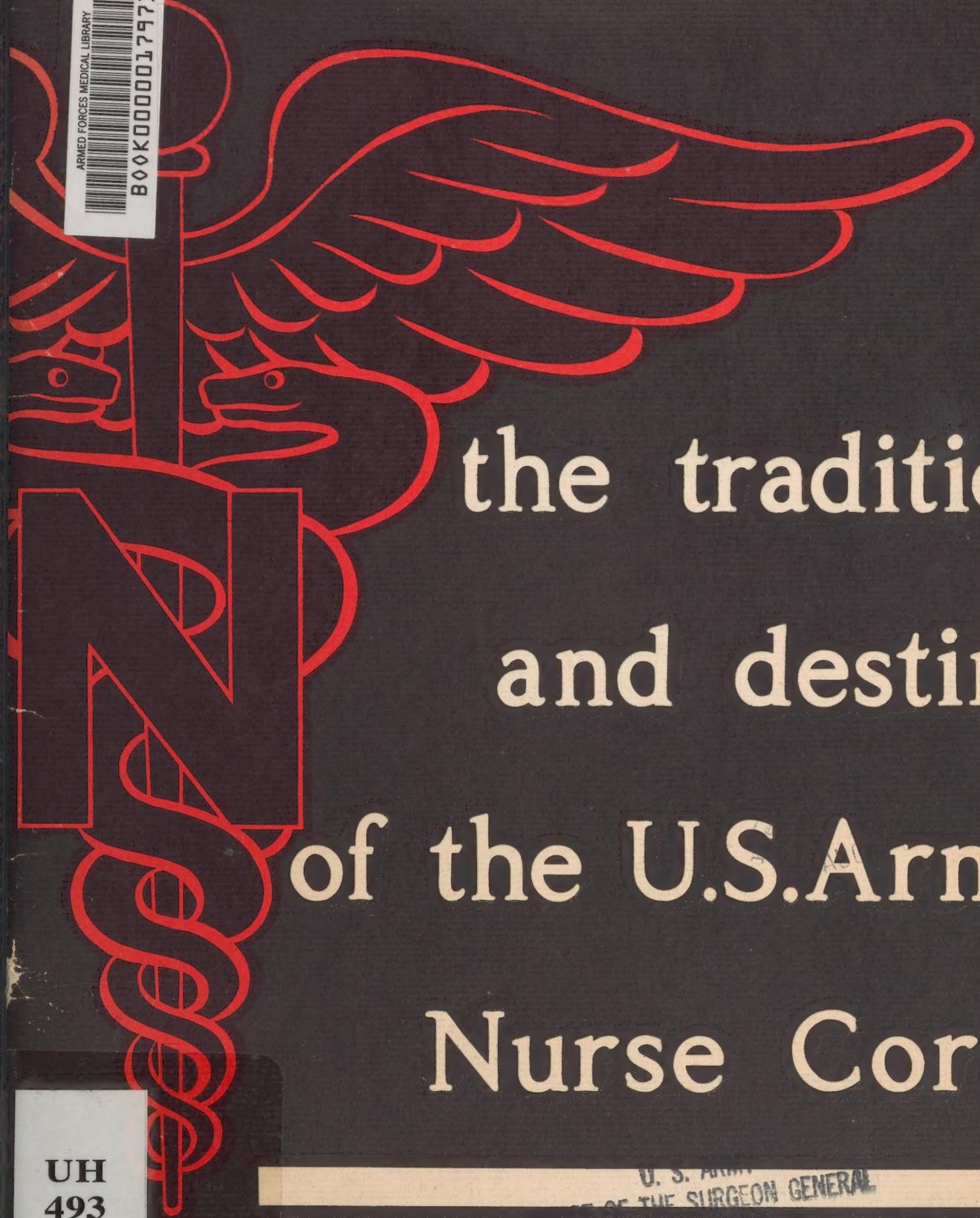


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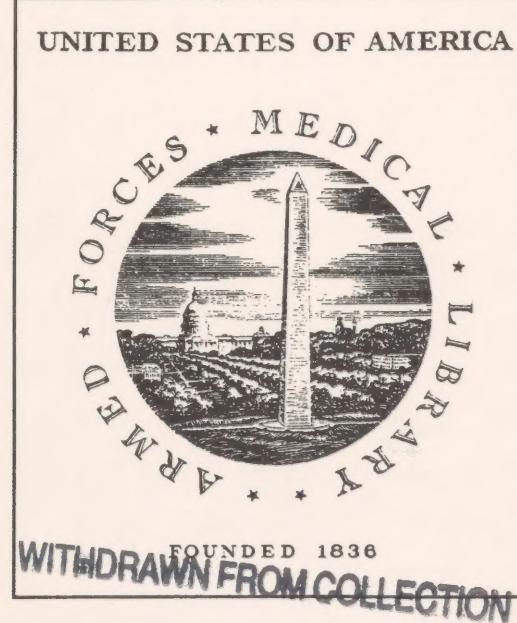


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U. S. ARMY
NURSE CORPS
BUREAU OF THE SURGEON GENERAL

The nurse is the doctor's right hand. Only with
her skill and devotion can the Army and the
Air Force keep their present high standard of
health and gratifying speed of patient recovery.

UNITED STATES ARMY
UNITED STATES AIR FORCE





the mission

A MESSAGE FROM THE SURGEON GENERAL

The mission of the Army Medical Department is to provide medical care for soldiers and airmen, and for their dependents wherever possible. It is actually a triple mission — for peace, preparedness, or war.

The mission of the Army Nurse Corps — a corps within the Medical Department — is to provide responsible and skilled nursing care to all patients admitted to Army or Air Force hospitals.

Army nurses shoulder certain responsibilities not included in civilian nursing. As commissioned officers in the United States Army they must learn the military aspects of medicine and adapt the techniques of their profession to military needs.

It is the nurse alone who can give expert and constant supervision to the patient and who bridges the gap between physician and patient.

The nurse of today's Medical Department is a dependable, efficient, highly skilled member of the professional hospital team — a winning team which, in war and in peace, has earned the respect of the entire world.

R. W. BLISS
Major General
The Surgeon General



foreword

A MESSAGE FROM THE CHIEF OF THE ARMY NURSE CORPS

Like the story of nursing itself, the history of military nursing is colored by the lives of fine women who have contributed to its growth and greatness. The story you are about to read gives the high lights of an amazing parade of events and a portrait of military nursing as the career of the future. While reading this story, you will see why this career offers many professional, economic, and social advantages.

It was not until 1947 that the Army Nurse Corps was granted permanent commissioned rank. And at the same time an Army Nurse Corps Section of the Officers' Reserve Corps was established. As a result, Reserve nurses can serve on extended active duty to strengthen the effort of Regular nurses in peace-time. Most of the benefits which Regular nurses enjoy now can be enjoyed as well by Reserve nurses on active duty.

The high standards of nursing in the Army and in the Air Force grew out of the high standards of professional nursing instilled in students by nursing schools throughout the Nation. As representatives of the American nursing profession, we are proud of our opportunity to serve. We share with other members of the Medical Department team the responsibility for protecting and restoring the health of men and women who guard the personal freedom of all the people.

MARY G. PHILLIPS
Colonel
Army Nurse Corps



a proud tradition

**NURSING BEGAN WITH
THE FIRST HEARTBEAT OF MAN**



From time immemorial woman has sought to heal man's hurts. From superstition and witchcraft, this age-old human instinct of nursing has progressed to the medical miracles of today. As the profession of nursing developed, so did art and science of military nursing develop — to a career which offers rich and satisfying rewards.

IN THE BEGINNING . . .

Professional military nursing was born on Florence Nightingale's crusade in Crimea in 1854. All civilized peoples have hailed her success in reducing the mortality rate of sick and wounded soldiers from 42 percent to 2 percent within a year's time. This stirring accomplishment has ever after justified training high-caliber women for the care of military people.

Even before Miss Nightingale's time, however, there was a semblance of military nursing in the United States. In 1775, Gen. George Washington asked Congress for a matron "to supervise the nurses, bedding, etc." and for nurses "to attend the sick and obey the matron's orders." Congress then submitted to General Washington a plan for establishing an Army general hospital. This plan included these provisions: "That a

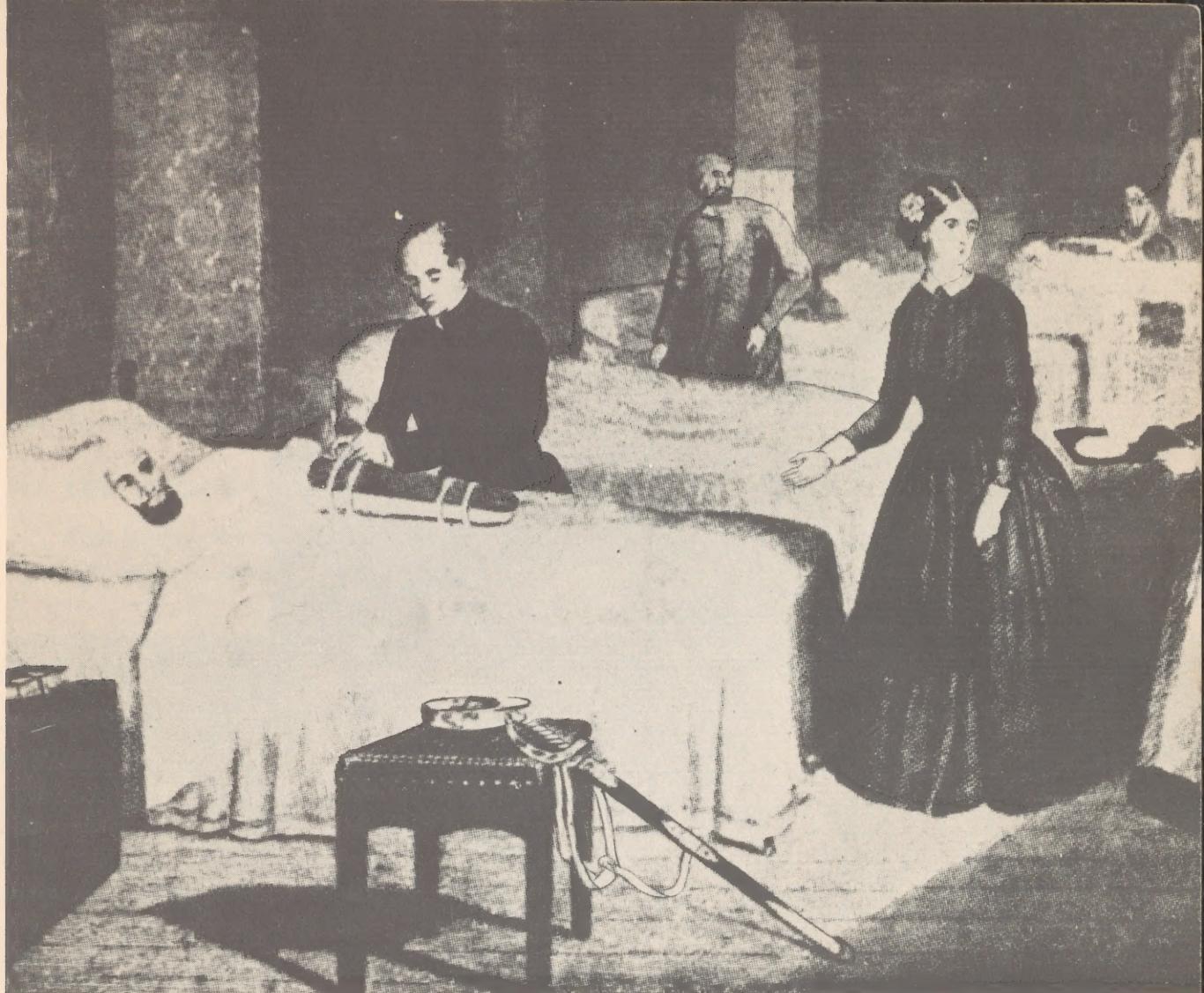


matron be allotted to every hundred sick or wounded, who shall take care that the provisions are properly prepared; that the wards, beds, and utensils be kept in neat order; and that the most exact economy be observed in her department."

Matrons were paid one ration and half a dollar a day. Nurses, one ration and 24/90 of a dollar a day. This was a princely sum, compared to earlier allowances of "1/15th of a dollar per day, or \$2.00 per month."

General Gates reported from the northern frontier that "the sick suffered much for want of good female nurses." Such terse scraps of history tell a very small part of



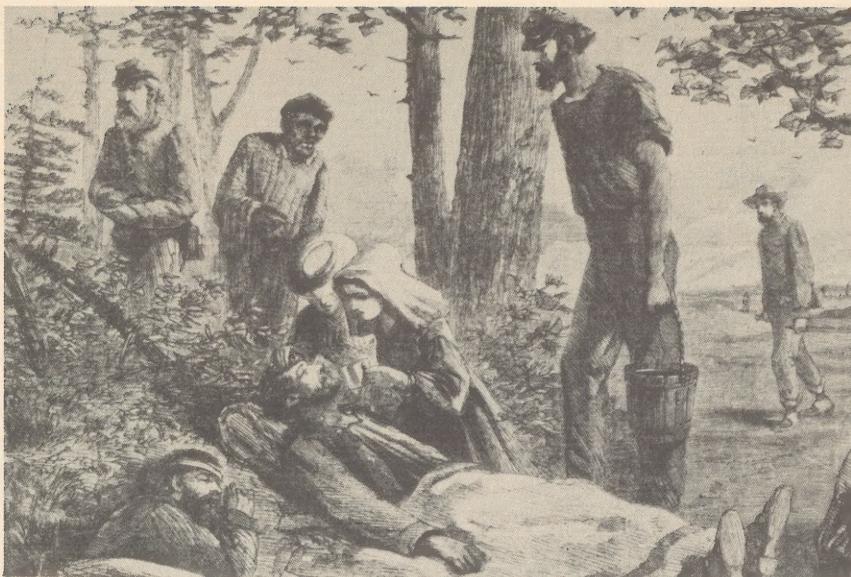


the story of nursing in the Revolutionary War. Much of this nursing was done by women who simply followed their men to war. There are many legends of wives who dressed their husbands' wounds on the field of battle itself. Most of these women must remain unknown, but they will be honored forever.

IN THE CIVIL WAR . . .

From 1861 until the last shot was fired in 1865, military nursing was handicapped by a deplorable lack of organization. But in spite of this great handicap, individual nurses showed devotion and heroism which will never be forgotten.

Dorothea Linde Dix, who already had gained national fame as an effective crusader for better care of the insane, was appointed superintendent of nursing "to select and assign women nurses to general or permanent military hospitals, they *not* to be employed in such hospitals without her sanction and approval except in cases of urgent need."



Miss Dix was a woman of high integrity and great personal authority. But she had no functioning organization behind her. Her assignment was an impossible one at the outset, because in most cases separate directions and instructions were given by individual physicians on the spot, and — because they didn't understand the nurses' mission — their attitude was often characterized by downright hostility. Miss Dix's task was further complicated by other groups doing similar work; the Sisters of Charity, casual employees, employees of the U. S. Sanitary Commission, semiprivate welfare agencies, and women who simply accompanied regiments with no official standing whatever.

An example of the problems and experiences of Civil War nurses appeared in Louisa May Alcott's "Hospital Sketches":

"The sight of several stretchers, each with its legless, armless, or otherwise desperately wounded occupant entering my ward, admonished me that I was there to work, not to wonder or weep; so I corked up my feelings and returned to the path of duty . . . forty beds were prepared, many already tenanted by tired men who fell down unaware and drowsed till the smell of food roused them. Round the great stove was gathered the dreariest group I ever saw — ragged, gaunt, and pale, mud to the knees with bloody bandages untouched since put on days before; many bundled in blankets . . . and all wearing that disheartened look which proclaimed defeat . . . I yearned to serve the dreariest of them all . . .

"My ward was now divided into three rooms; and, under favor of the matron, had managed to sort out the patients in such a way that I had what I called my 'duty room,' my 'pleasure room,' and my 'pathetic room,' and worked for each in a different

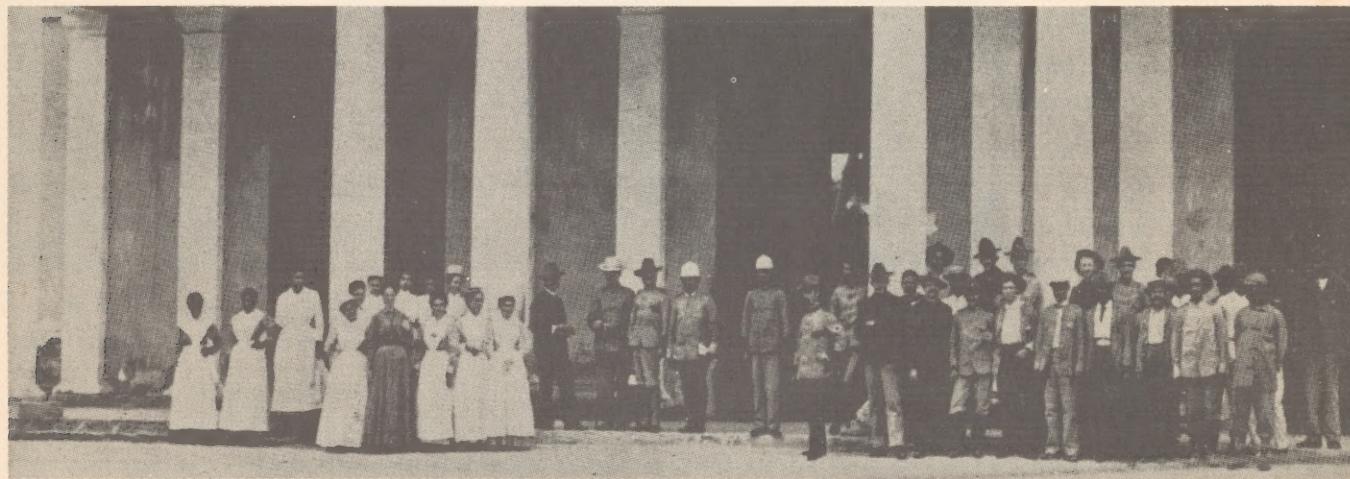
way. One, I visited armed with a dressing tray full of rollers, plasters, and pins; another, with books, flowers, games, and gossip; a third, with teapots, lullabies, consolation, and — sometimes — a shroud.

"Wherever the sickest or most helpless man chanced to be, there I held my watch, often visiting the other rooms to see that the general watchman of the ward did his duty by the fires and the wounds, the latter needing constant wetting . . ."

Thus, even without public training or administration, began a pattern of bedside nursing which helped shape the Army Nurse Corps as it exists today.

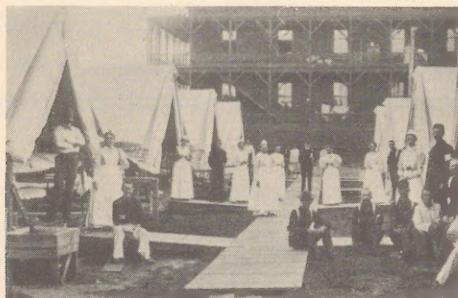
AT THE TURN OF THE CENTURY . . .

Just before the Spanish-American War broke out, in April 1898, Congress once again authorized employment of nurses under contract. But because military nursing



had been dormant since the Civil War, The Surgeon General had no way of finding trained nurses.

Doctor Anita Newcomb McGee, a prominent and dynamic Washington physician, suggested that the Daughters of the American Revolution act as an examining board for military nurses. Right then and there, the D. A. R. Hospital Corps was organized





with Doctor McGee as director. Leading hospitals and training schools sent nurses and, as for the most part only women doctors and certified nursing school graduates were accepted, military nursing achieved a high level of professional competence.

This unit was aided by the Sisters of Charity, five of whom died in line of duty, and by the Red Cross Society, under Mrs. Whitelaw Reid. Military nurses in the Spanish-American War received \$30 a month plus ration allowances, and used the same type of tentage as the soldiers. Between May and July of 1898, 1200 nurses had volunteered and were on hand to stem a severe typhoid epidemic. Some of them served as far away as Cuba, Puerto Rico, Hawaii, the Philippines, and aboard a hospital ship at sea.

A nurse's notes attached to a faded picture of the field hospital at Coamo, Puerto Rico, give an impression of conditions faced by the nurses of '98:

"The nurses quartered in an old Spanish house in Coamo, located in a banana grove. We drove to camp in a mule ambulance. Put in long hours and chased lizards which dropped into our beds and fleas, and had to watch for tarantulas at night. Sick men from 3d Wisconsin, 16th Pennsylvania, and 3d Kentucky regiments were cared for by Army nurses. All water was hauled in barrels from a spring more than a mile away. Tents crowded, typhoid fever, dysentery and diarrhea, conditions bad, no ice, no dietitian."

The Surgeon General soon established an Army Nurse Corps Division to direct and coordinate the efforts of military nursing. Doctor McGee was put in charge, and as soon as the typhoid epidemic had been brought under control the corps was reduced to about 700 nurses.



At once, Doctor McGee set about to make military nursing an attractive career. Pay was increased to \$40 a month in the United States and \$50 outside. She obtained quarters and rations, transportation expenses, 30 days' leave each year with pay, care when sick, a uniform and badge. In 1901, the Nurse Corps became a definite part of the Army. Through this new unified direction and control, Doctor McGee was able to eliminate much administrative confusion and to increase efficiency in patient care.

IN THE FIRST WORLD WAR . . .

When the United States declared war on Germany in 1917 there were 403 nurses in the Army Nurse Corps, double the number serving the previous year during the Mexican Border crisis. Within 18 months, aided by Reserves from the American National Red Cross Nursing Service, Army Nurse Corps strength increased to 21,480. Only qualified graduate nurses were accepted, and they were assigned wherever they





were most needed. A total of 10,400 served overseas in England, France, Italy, Belgium, and Siberia — in base, evacuation, mobile, and camp hospitals; on convalescent hospital trains; on transports; and with surgical teams in field hospitals.

Nurses who remained in the United States served in cantonment hospitals, gen-





eral hospitals, ports of embarkation, and other military outposts. Many Army nurses were decorated — three with the Distinguished Service Cross, 24 with the Distinguished Service Medal, 28 with the Croix de Guerre, 69 with the British Royal Red Cross, and two with the British Military Medal.





IN THE YEARS BETWEEN . . .

Although members of the Army, nurses at war's end still had no definite military status as officers or commissioned personnel. They had some military privileges and were subject to military law. But problems arose because they had not been given command authority within their own hospitals. So in recognition of outstanding professional work during World War I, Army nurses gained, in 1920, appointment to relative ranks of second lieutenant, first lieutenant, captain, and major. In 1942, this relative rank of Army nurses was temporarily extended through the grade of colonel.*



*As the military forces became more and more aware of the invaluable services of nurses, Army nurse minimum base pay rose from \$2 a month in 1775 to \$70 in 1920, then from \$90 a month in June 1942 to \$150 in December 1942. Since 1947, pay has ranged between \$180 for a second lieutenant to \$366 for a colonel (plus allowances and length of service pay).



IN WORLD WAR II . . .

For her job in World War II, the nurse trained under combat conditions for service both on the ground and in the air. She learned how to live in the field, improvise equipment, and adapt her professional techniques to meet changing needs. Her work was speeded by methods and equipment undreamed of in years gone by. Through the efficiency of the Medical Department team, 97. percent of all battle casualties were saved and the rate of death from disease was reduced to one-twentieth of that in World War I.

The strength of the Army Nurse Corps rose from 625 in 1939 to 57,000 in 1945 — a tribute to the sense of duty of American nurses and to the professional organizations which trained them. In 1944, while nurses were serving throughout the world, their corps gained full military recognition — becoming a permanent part of the Regular Military Establishment.

× Nurses lived in Nissen huts in Iceland, in tents in the jungles of the Southwest Pacific, and on beachheads from North Africa to Normandy. They traveled close behind our fighting men, braved bombing and strafing on land, torpedoing at sea, and antiaircraft fire while in flight. They worked in extreme heat and cold, and fought dust, rain, mud, and snow. They flew on evacuation planes from all corners of the warring world. One nurse out of every 40 who served was decorated. Outstanding nurses received the Silver Star for gallantry in action, the Legion of Merit, the Soldier's Medal, the Air Medal, the Bronze Star, and the Purple Heart. Colonel Florence A. Blanchfield, chief of the corps, accepted the Distinguished Service Medal in the name of all nurses.

Typical of the admirable attitude and high professional standards of nurses in World War II is this letter written by Lt. Frances Slanger in her tent in Normandy to the soldier-newspaper, *The Stars and Stripes*:

"It is 0200, and I have been lying awake for one hour, listening to the steady, even breathing of the other three nurses in the tent and thinking about some of the things we had discussed during the day. The rain is beating down on the tent with torrential force. The wind is on a mad rampage and its main objective seems to be to lift the tent off its pins.

"We have read several articles in different magazines and papers sent in by a grateful GI praising the work of the nurses around the combat zones. Praising us . . . for what?

“I’m writing this by flashlight . . . In the center of the tent are two poles, one part chimney, the other a plain tent pole. Kindling wood lies in disorderly confusion on the damp ground. We don’t have a tarp . . . A French wine pitcher, filled with water, stands by. The GI’s say we rough it. We in our little tent can’t see it. True, we are set up in tents, sleep on cots, and are subject to the temperament of the weather.

"We wade ankle deep in mud, but *you* have to lie in it. We are restricted to our immediate area, a cow pasture or a hayfield, but then, who is not restricted? We have a stove and coal. We even have a laundry line in the tent. Our GI drawers are at this moment doing the ‘dance of the pants’ what with the wind blowing, the tent waving





precariously, the rain beating down, the guns firing, and me with a flashlight, writing. It all adds up to a feeling of unreality.

“Sure we rough it. But compared to the way you men are taking it we can’t complain, nor do we feel that bouquets are due us. But you, the men behind the guns, the men driving our tanks, flying our planes, sailing our ships, building our bridges, and the men who pave the way and the men who are left behind — it is to you we doff our helmets. To every GI wearing the American uniform — for you we have the greatest admiration and respect . . .”





Seventeen days later Lieutenant Slanger died of wounds caused by the chance shelling of her tented hospital area. Through *The Stars and Stripes* hundreds of soldiers replied:

"To all Army nurses overseas:

"We men were not given the choice of working in the battlefield or the home front. We cannot take any personal credit for being here. We are here because we have to be. You are here because you felt you were needed. So, when an injured man opens his eyes to see one of you lovely, ministering angels concerned with his welfare, he can't but be overcome by the very thought that you are doing it because you want to.

"It does not matter that we lie in mud — yes, crawl in it, while you only 'wade ankle deep'; or that you possibly enjoy a few more conveniences over here than we do. The important thing is that you could be home, soaking yourselves in a bathtub every day, putting on clean clothes over a clean body and crawling in between clean sheets at night on a soft, springy mattress. Instead, you endure whatever hardships you must to be where you can do us the most good . . ."



leaders in Army nursing

1863

Renowned for her work in prison reform and for improving the treatment of the pauper insane. Although not a nurse herself, she became superintendent of women nurses during the Civil War.



Dorothea Linde Dix

Anita Newcomb McGee, M. D.

1897

As Acting Assistant Surgeon, she brought women nurses into the Army on contract during the Spanish - American War, laid the foundations for the ANC as it exists today, was first actual "superintendent" of the Army Nurses.



1901

She was appointed by Doctor McGee as the first actual nurse to head the new Army nursing service, established by Congress on February 2, 1901. Her pioneering efforts resulted in improved social and professional standards for Army nurses.

Dita H. Kinney, R. N.



1909

Coming to the Army from the American Red Cross, she reorganized the corps, improved nursing standards and pay so as to attract superior nurses to the Military Service. Was responsible for the use of Red Cross nurses as "reserve" for Army and Navy.

Jane Arminda Delano, R. N.



Isabel McIsaac, R. N.

1912

Hers were the difficult years prior to World War I. She was especially noted for her keen sense of humor, her warmth, and her understanding. She directed the corps with a high degree of common sense and tolerance.



1914

World War I superintendent, she sent the first AEF nurses overseas, 10,000 strong. Her able stewardship won her the Distinguished Service Medal.



Dora E. Thompson, Captain, ANC,
Retired

1919

First director of the AEF nursing service, she served with General Pershing in France, came home to win a Distinguished Service Medal and new honors as champion of relative rank for Army nurses and as superintendent of the Army Nurse Corps for 18 years.



Julia C. Stimson, Colonel, ANC
Deceased

1937

She saw service in France in World War I, laid the groundwork for preparing nurses for combat in World War II. Under her leadership the Army Nurse Corps mobilized in 1940.



Julia O. Flikke, Colonel, ANC,
Retired

1942

The largest Army Nurse Corps in history served during her administration — some 62,000. She worked to establish a permanent commissioned corps and was the first nurse to receive permanent commissioned rank when the bill was passed. "N-1" is her Army serial number. Colonel Blanchfield was awarded the Distinguished Service Medal in 1945.



Florence A. Blanchfield, Colonel,
ANC, Retired

1947

Recalled from foreign service as chief nurse of the Pacific Theater in 1947, she served as deputy under Colonel Blanchfield until assuming leadership of the corps. Her big task was to establish and build up an Army Nurse Corps Section in the Officers' Reserve Corps.



Mary G. Phillips, Colonel, ANC



today...

IN THE REGULAR NURSE CORPS . . .



The beautiful new Tripler General Hospital near Honolulu

Military nursing is a rewarding lifetime career for ambitious women. There are opportunities for staff nursing in every field, for leadership in posts such as chief nurse of a large general hospital or chief of a nursing command overseas. There are teaching posts. Such stimulating assignments, plus permanent financial security, lie in the future for a Reserve nurse who qualifies for a Regular commission.

IN THE NURSE CORPS RESERVE . . .

Graduate nurses who do not make a lifetime career of military nursing may join as a Reserve on active or inactive duty. In this way, civilian nurses may participate in and benefit by the progress and achievements of military nursing. While on active duty — and there are many fine opportunities — Reserve nurses receive the same pay and allowances as Regular nurses during the years for which they volunteer.

A Reserve nurse may hold her commission until she is 60, provided she has kept up with the advancements in her profession and has continued to meet certain minimum requirements. Because the Reserve nurse keeps herself professionally qualified for instant response in case of a national emergency, she wins the admiration of all in her community.

NURSES ARE VERSATILE . . .

While serving the Army and the Air Force, a nurse can expect all facets of her nursing knowledge to be called upon unexpectedly. That is why officers of the Nurse Corps must be graduates of accredited schools of nursing which offer standard courses of instruction in medicine, surgery, pediatrics, and obstetrics. That is why Army nurses must have had experience in hospitals having an average patient census sufficient to guarantee broad experience in all types of nursing. Postgraduate work in orthopedics, psychiatry, anesthesia, and operating-room supervision are of great value in preparation for military nursing.





Ordinarily, a nurse is assigned to the specialty she prefers and for which she has been specially trained. But emergencies are frequent and the nurse must be prepared to respond to an emergency call to any branch of nursing. Sometimes she will be the only officer available and may have to keep the emergency under control until a physician can reach the scene.

AS A STAFF NURSE . . .

Regardless of grade, a nurse is properly assigned when assigned to care of the sick.



She must be able to assume full responsibility for bedside care. She instructs enlisted personnel and supervises their work. She plans daily schedules, prepares and administers medications which have been ordered by the physician, calls the physician when changes in patient condition occur, assists in studies and research in new drugs and special diseases and nutrition and other special treatments. She instructs patients and others in personal hygiene. She safeguards, records, and administers narcotics. She instructs patients and their families in convalescent care after they leave the hospital.

She is more closely associated with the patient than anyone else on the medical team.

AS A HEAD NURSE . . .

The head nurse in an Army or Air Force hospital is responsible to the physician





for the nursing service in a single unit (one or more wards) in a clinical section. She supervises several nurses and certain other personnel so as to insure the best patient care in her section. She maintains accurate records of the medical treatment and nursing care, prepares reports, directs nursing activities, and is responsible for the proper serving of food when a dietitian is not assigned. She assists with the orientation and training programs of nurses and related personnel.

AS A SECTION SUPERVISOR . . .

In the larger hospitals, each hospital section — medical, surgical, neuropsychiatric, etc. — has a nurse supervisor. She analyzes and evaluates the type of nursing required by her section. She cooperates with her head nurses in planning assignment of nurses within each of her units. She interprets principles of hospital management, poli-





cies of the ward officer and chief of service to all nurses under her direction. She informs the Principal Chief Nurse of all activities in her section, maintaining high standards of patient care, nursing techniques, and housekeeping within her section.

AS A PRINCIPAL CHIEF NURSE . . .

On every hospital commander's staff there is a Principal Chief Nurse who is in charge of the nursing service. Although her activities are many, one of her responsi-



bilities is to maintain harmonious relationships between her service and various administrative and professional sections of the hospital. She defines and coordinates the duties of auxiliary nursing and housekeeping personnel. She recommends procurement and maintenance of supplies and equipment used by the nursing service. She keeps records of the qualifications, experience, and special accomplishments of every nurse in her hospital. She helps to establish professional and off-duty educational programs. She fosters smooth professional and social relationships between her nurses and other professional organizations in her locality.

AS AN ADMINISTRATIVE DIRECTOR . . .

In each of the six Army Areas in the United States, and in each oversea theater, there is a nurse who directs all nursing activities in hospitals in her territory. Her authority and responsibility are fully as great as any position in the world of civilian nursing. She coordinates the policies and directions of the chief of the Army Nurse Corps within her territory. Some day she may be called to the Nation's capital to hold the highest position in the history of military nursing. This opportunity is open for every young nurse who enters Military Service.

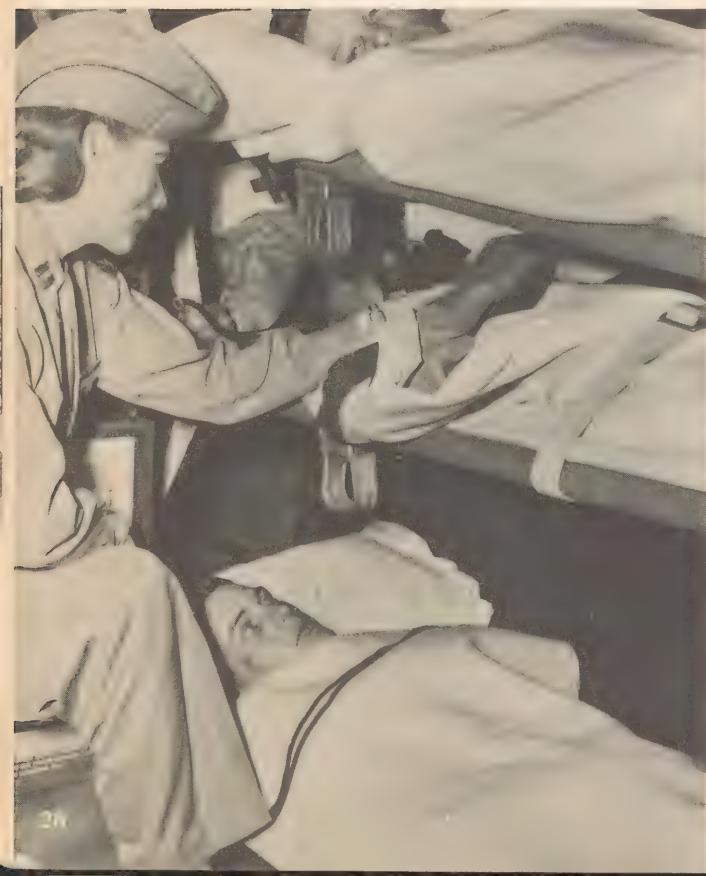




AS FLIGHT NURSE . . .

The newest branch of military nursing was born during increasing air activities in August 1943. In moving the sick and wounded by air — one of the five greatest life-saving measures of military medicine — flight nurses are assigned to speedy air evacuation planes.

Despite the many additional hazards of wartime, flight nurses established the in-





credible record of only five deaths in flight for every 100,000 patients moved. In peace-time this thrilling process continues to speed the movement of military patients from overseas and within the United States.

The flight nurse must learn special techniques to deal with the problems of air evacuation. A residency course at Randolph Air Force Base, San Antonio, Tex., teaches her the theory and practical phases of this work. She studies the types of air comfort used in air evacuation and becomes familiar with the equipment. She learns the aero-medical application of neuropsychiatry, ophthalmology, otorhinolaryngology, and surgery.

She takes further studies in preventive and global medicine, with emphasis on the epidemiology of the Tropics and the polar regions. She studies the principles of survival and the use of survival equipment when exposed to extreme heat and cold and salt water. She learns the effects of high altitudes on the body and is able to handle elaborate oxygen equipment.

Because she becomes a member of an Air Force crew while in flight, she studies flying safety, use of the parachute, weather, air navigation, flight planning, and ditching. While on flying duty she receives extra pay.





life in an Army community

THIS IS HOME



Military life is exciting. In off-duty hours the nurse has hundreds of opportunities for self-improvement, recreation, social activities, and establishing her own "home life." Because she is versatile, the nurse is able to make and enjoy her home on any Army post or Air Force base in the world. Whether under blue Caribbean skies, a Texas moon, or in the long opalescent twilights of the Pacific Northwest, the nurse finds her haven as part of the military family. She finds familiar faces and makes



new friends everywhere. She comes to think with nostalgia of the sentry box at the entrance to her post and of the brisk MP in his shining helmet, whenever she is away.

Her "home" may be paved drives and flagstone walks; neatly groomed lawns and well-tended landscape; buildings adapted by skilled architects to the tradition and climate of the region; or the hospital buildings and the clubs she grows to know so well. "Home" to her may be the roar of jeeps, the rhythm of a military band, the boom of a cannon at sunset, a salute to the colors, or the distant strains of taps.

Home is where the Army's and the Air Force's hearts are — under every Ameri-





can flag that flies gloriously over every post and base in the world. Some nurses live in temporary buildings of the multiple-room type and provide many of their own comforts and conveniences while there. However, each nurse may personalize her bedroom with slipcovers, hangings, pictures, and other knickknacks.

On all of the permanent posts, and bases where larger hospitals are located, nurses' quarters are quite comfortable — with, for example, a large bedroom and private or semiprivate bath. Several nurses share a living room, music room, laundry, ironing room, coffee room, and refrigerator. In addition to regular base pay, nurses are provided quarters or a quarters allowance.





AS FOR DINING . . .

Meals are carefully planned for variety and balanced food values. Lots of green vegetables, fresh eggs, milk, fruit, meat, chicken, and fish are served. The nurse receives a subsistence allowance in addition to her base pay, which helps to cover her food bill.

AS FOR SHOPPING . . .

The nurse finds many advantages to life on a military post. Her post exchange is a miniature department store with a sporting goods shop, camera store, and gift shop within walking distance of her home. Her commissary is a superb supermarket which sells choice fresh foods as well as an elaborate line of canned and packaged goodies.



Nearby, she may find a beauty salon, a bank, a post office, a telegraph office, a gas station, a laundry, and a dry cleaning establishment.

All of these services are hers at economy prices, operated almost without profit, and in many cases without Federal taxes.

AS FOR FUN . . .

The nurse will spend much of her time at an officers' club. This club, as her hub of off-duty activities, sponsors dances, informal dinners, beach parties, field outings, and picnics. Many posts have golf courses, beach clubs, swimming pools, gymnasiums, or hobby shops such as a photo laboratory for developing, printing, enlarging, cropping, and portraiture.

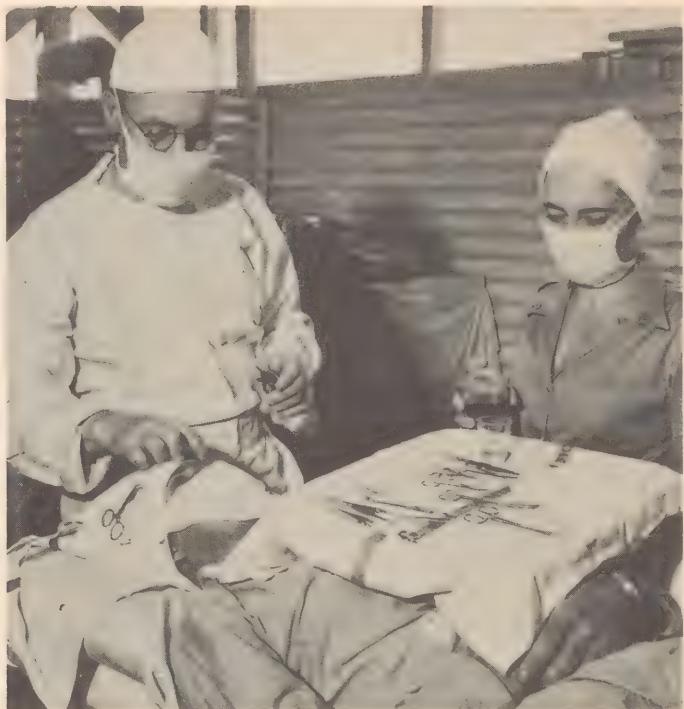
Whatever her interests, the nurse can plan her leisure hours to good advantage with no waste of time getting to and from the facilities. During these hours she develops enduring friendships and memories of good times shared which last through the years.

a nurse can further her education



When a graduate nurse joins the Army Nurse Corps she soon discovers that her education has only begun. Leaders of the corps believe that higher education in both nursing and the arts and sciences is vitally important to high nursing standards. A greatly enlarged educational program is designed to stimulate the individual nurse's capacity for professional growth. Currently, these specialties are taught in certain

Army general hospitals and cooperating civilian hospitals: operating room technique, anesthesiology, psychiatry, and administration. In addition, a nurse can earn credits toward a bachelor's degree in arts or sciences through the United States Armed Forces Institute.



Operating room and anesthesia courses are given at six Army hospitals located in the United States, where outstanding clinical facilities for observation and practice are available. Courses in psychiatry are given at St. Elizabeth's Hospital, Washington, D. C., and at the Medical Field Service School at Brooke General Hospital at Fort Sam Houston, Tex. A course in hospital and nursing administration is given at the Medical Field Service School, Brooke Army Medical Center, Fort Sam Houston, Tex.

OPERATING ROOM TECHNIQUE

This course prepares the graduate nurse to be an extremely competent surgical

nurse and to take over complete supervision of an operating room. The course is 24 weeks long, includes 155 hours of formal classroom instruction plus 668 hours of supervised clinical application, which prepares the nurse for Army certification as an operating room specialist.



ANESTHESIOLOGY

The demand for qualified registered anesthetists far exceeds the supply. Nurses who qualify in this important field find intensely interesting service in the Army, whether working as a nurse anesthetist in a hospital or teaching.

In collaboration with the American Association of Nurse Anesthetists a course has been organized for selected Army general hospitals. It is for 56 weeks, 40 of which are spent in an Army hospital and eight in an approved civilian hospital for clinical experience with types of anesthesia which are not commonly used in Army hospitals.

The course includes 359 hours of lecture, not fewer than 375 cases, and not fewer than 375 hours of actual administration of anesthesia for each student. The agents are volatile liquid anesthetics (ether, vinethene, chloroform, and ethyl chloride); gases (nitrous oxide, ethylene, and cyclopropane); and intravenous drugs. The clinical experience of each student consists of at least 250 hours in the administration of inhalation anesthetics which include the following cases: surgical, 80 percent, including general surgical (abdominals, hernias, appendix, breast, and gynecology), orthopedics, plastic, eye, ear, nose, throat, pediatrics, chest, neurosurgery, and genito-urinary; ob-





stetrical, 15 percent; and dental, five percent. Satisfactory completion of the course qualifies the nurse for examination by the American Association of Anesthetists. A passing grade on examination leads to registration.

NEUROPSYCHIATRIC NURSING

With the growth of practice of psychosomatic medicine, more and more nurses have been called to this field. To train outstanding nurses for work with Army and Air Force psychiatrists, the Medical Department has established a 26-week course at the Medical Field Service School, Fort Sam Houston, Tex. Nurses receive 230 hours of formal classroom instruction with 580 hours of practical application and clinical demonstration. Because military psychiatry advanced so swiftly during the recent war, the wealth of clinical material available in the Medical Department makes this course one of the most outstanding offered anywhere. A similar course is offered at St. Elizabeth's Hospital, Washington, D. C.





ADMINISTRATION

Regular Army nurses who wish to prepare themselves for nursing administration may apply for the course at the Medical Field Service School at Fort Sam Houston, Tex.

This course lasts 20 weeks and includes hospital organization and functions, personnel administration, psychology of leadership, and orientation in all departments of





an Army hospital. It also includes 95 hours of principles of nursing administration, 20 hours of current trends in nursing, and 15 hours of principles of supervision and teaching.

UNIVERSITY TRAINING

A limited number of selected Regular nurses, with experience in administration or teaching, may further their education in either of these two fields by being detailed as students at civilian schools.

Also on a university level is a 17-week officers' course, at the Medical Field Service School, for outstanding nursing leaders with potentialities for high staff positions. Selection is made by The Surgeon General from nurses with experience as a Principal Chief Nurse or a staff member of a headquarters.

A two-week workshop on various nursing specialties is held from time to time at



the University of Pittsburgh. This covers subjects such as "Building the Staff Educational Program," "Improving Bedside Nursing Care," and "Administration of the Nursing Service." Workshop staff members represent a wide number of nursing specialties and assist the student in working out problems of her own Army assignment.

EXTENSION COURSES

Reserve nurses on active or inactive duty can take extension courses in many administrative and technical procedures without attending a specific school in person. These nursing courses are taken on the nurse's own time but credit for their successful completion is noted on her records and naturally increases her professional stature.

OTHER OPPORTUNITIES

Reserve nurses who are not on active duty are privileged to request assignment for training purposes to Reserve units near their homes. These units are organized groups of Medical Reserve personnel who meet periodically in the evening for not fewer than two hours to keep up on the latest advances in military medicine. Those interested should see the unit instructor of the Officers' Reserve Corps in their area.



travel

While on leave, nurses visit the Buddhist Temple of the Western Hills, Kunming, China



Army nurses skiing in Switzerland



American nurses make friends quickly in the Orient



The battlefields which nurses saw during both World Wars are now popular "sights" for peacetime travelers





On a costly luxury tour? No — these are Army nurses on leave, with the cost of traveling greatly reduced through Army and Air Force arrangements



These Army nurses, on occupation duty in Germany, are planning a summer vacation in Switzerland

Doesn't this make you want to get on the move — to a leisurely sea voyage, and countless side trips in foreign lands!





retirement security



Every professional woman recognizes the importance of financial security to her peace of mind. The registered nurse appreciates the Nurse Corps' security of *advancement* — appropriate recognition for her ability and initiative. But it is *after* her active nursing days when the Army nurse enjoys her greatest financial advantage — generous retirement pay as long as she lives.

REGULAR ARMY RETIREMENT

The Regular Army nurse may retire after 20 years of active service. Whether she retires because of age or because of length of service, she receives 2½ percent of her base and length of service pay at time of retirement, multiplied by the number of years of active service. According to current pay rates, this amounts to about \$200 a month for a captain with over 20 years' service, or about \$412 a month for a lieutenant colonel with over 30 years' service.



RESERVE CORPS RETIREMENT

Reserve officers, both men and women, are eligible for special new retirement benefits after completing at least 20 years of satisfactory Reserve service and reaching 60 years of age.

A year of "satisfactory Reserve service" accrues to the nurse who earns 50 service points a year. She can earn these by going on extended active duty, by taking active duty training courses, by attending evening training meetings in her home district, and by completing Army extension courses.

If a nurse completes her 20 years before reaching 60, she may stop participating in Reserve activities and still qualify for retirement pay when she reaches 60; or she may continue earning points until she reaches 60 and retire with a proportionately higher income.





how to join

The concept of the nurse in today's Army and Air Force is the outgrowth of almost a century of high idealism and concentrated effort. Wherever she may work, her job is not easy. She must have — besides the warmth, sincerity, and understanding indigenous to nursing — excellent health and a strong sense of responsibility.

Qualified graduates of accredited schools of nursing may apply for direct commission in the Reserve by writing to The Surgeon General, Department of the Army, Washington 25, D. C.; to the surgeon of an Army Area headquarters; or to the Principal Chief Nurse of an Army or Air Force hospital. Any Army and Air Force recruiting officer will be glad to furnish information and application forms.

After the application has been approved, the nurse takes the oath of an officer and announces her desire for active or inactive duty. If her choice is *active* duty, she will soon receive written orders outlining her first assignment.

FIRST, SHE GETS ACQUAINTED!

Every nurse who is new to military service attends an eight-week course of instruction at Brooke Army Medical Center, Fort Sam Houston, Tex. This course is a "life-saver" — an important briefing on military customs and orientation in the organization of the fighting Services and where the nurse fits into the picture.

It's a thrilling period in a nurse's life — this introduction to "the family." In fun, time saved, and interesting knowledge gained, she will number this eight-week period among the most significant of her lifetime.

Professional subjects are covered, too: 30 hours of military medical, surgical, and neuropsychiatric techniques; 50 hours of preventive medicine; 39 hours of supply and tactical information; 74 hours of administration, including 24 hours of ward management.

Near the end of this course, the nurse — a full-fledged Army officer — recites the

PLEDGE OF THE ARMY NURSE

- As an Army nurse, I accept the responsibilities of an officer in the Army Nurse Corps.
- I shall give faithful care to the men who fight for the freedom of this country and to the women who stand behind them.
- I shall bring to the American soldier or airman, wherever he may be, the best of my knowledge and professional skill.
- I shall approach him cheerfully at all times under any conditions I may find.
- I shall endeavor to maintain the highest nursing standards possible in the performance of my duties.
- I shall appear fearless in the presence of danger and quiet the fears of others to the best of my ability.
- My only criticism shall be constructive. The reputation and good name of the Army Nurse Corps and of the nursing profession shall be uppermost in my thoughts, second only to the care of my patients.
- I shall endeavor to be a credit to my country and to the uniform I wear.



what nurses wear

Summer dress uniform



Autumn-winter-spring dress uniform

Off-duty dress is optional



White duty uniform



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THE NURSE'S PRAYER

BY EDITH A. AYNES, MAJOR, ANC

*Father, the soldier seems so close to You
Please let me not forget what he's been through,
His tired face is dark with pain.
Lend him Your strength 'til he smiles again.*

*Help me to keep him safe, lest I should fail,
That pledge I gave to Florence Nightingale.
If he must go, then I will know,
You called him Home, 'cause You loved him so.*

*While angels watch and guard his rest,
Help me to know I have done my best.*

DATE DUE



